



**CSTI  
Injury & Accident Form (per CCR Title 19 Safety Policy)**

Haz Mat Outreach Coord  
P.O. Box 8123  
San Luis Obispo, CA 93403-8123  
Phone: (805) 549-3534 Fax: (805) 549-3555

Date: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Course Manager: \_\_\_\_\_ Type of Course: \_\_\_\_\_  
Name of Injured: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_

Specific activity the student was performing when event occurred:

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How injury occurred. Describe sequence of events. Specify object which directly produced the injury:

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Location where event occurred: \_\_\_\_\_

Action Taken (describe treatment): \_\_\_\_\_

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Name & phone number of person(s) providing treatment: \_\_\_\_\_

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If student was transported to hospital give name, address, & phone number of hospital/physician \_\_\_\_\_

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Name and phone number of witnesses: \_\_\_\_\_

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Did the course manager contact the CSTI Haz Mat Section Chief? Yes \_\_\_ No \_\_\_  
Date and time: \_\_\_\_\_

Name, title and phone number of person completing this form: \_\_\_\_\_

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*Send this form to CSTI within 24 hrs for serious injuries, 10 working days for minor injuries.*